



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
INTOX DMT MAINTENANCE REPORT

REPORT #1

**RECEIVED**

By Carol Day at 1:51 pm, Mar 27, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 15 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500091	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/18/2015
LOCATION OF INSTRUMENT (STREET AND CITY) SOUTHWEST TRFWY AND 39TH ST		TIME OF INSPECTION 02:53:41

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>03/18/2015 02:53:43</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.5°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS		
<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>ILMO</u>	LOT # <u>17513080A1</u>	EXP. DATE <u>07/01/2015</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____

<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.		
<input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE		
<input checked="" type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE		
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE		

TEST 1: 0.076	TEST 2: 0.076	TEST 3: 0.076
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0	0-.04: 0	.05-.09: 3	.10-.14: 1	.15-.19: 0	OVER .19: 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)					

INSPECTING OFFICER		
SIGNATURE <i>Robert V McCormick</i>	PRINT FULL NAME ROBERT V MCCORMICK	
TYPE II PERMIT NUMBER 341838	EXPIRATION DATE 05/05/2016	TELEPHONE NUMBER 816-622-0800

RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901
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7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • [www.ilmoproducts.com](http://www.ilmoproducts.com)

## Certificate of Analysis

**Certificate ID:** 5178  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 17513080A1  
**Expiration:** 7/1/2015

### 0.080 BAC (For use with breath alcohol testing instruments)

**Contents:** 105 Liters @ 1000 psig 70°F (21°C)

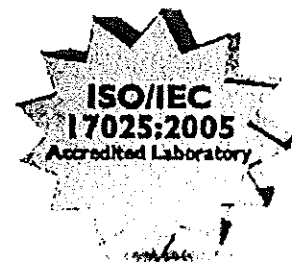
Component:	Concentration:	Accuracy:	Method:
Ethanol	208.4 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

\*NIST Standard Reference Material  
Cylinder No. CCI57791 / Job No. 13029  
Certified 184.3 µmol/mol Ethanol in Nitrogen  
for ILMO Products Co., Jacksonville, IL

  
Specialty Gas Lab Tech

07/10/13  
Date

Distributed by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)



ISO/IEC 17025:2005 Accredited Laboratory



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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PERMIT  
TYPE II

ROBERT V MCCORMICK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/11/2014

NUMBER 240101

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 660-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator MCCORMICK, ROBERT  
Permit No 240101  
Date Issued 3/11/2014 Date Expires 3/11/2016